

## PART B - FEE(S) TRANSMITTAL

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22882 7590 05/09/2007

**MARTIN & FERRARO, LLP**  
**1557 LAKE O'PINES STREET, NE**  
**HARTVILLE, OH 44632**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop **ISSUE FEE** address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Sandra L. Blackmon

(Depositor's name)

(Signature)

May 16, 2007

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/692,545      | 10/24/2003  | Gary Karlin Michelson | 102.0003-05000      | 1113             |

**TITLE OF INVENTION: SYSTEM FOR RADIAL BONE DISPLACEMENT**

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE                          | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|----------------|--|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400         | \$0  | \$1400               | \$1400           | 08/09/2007 |
| EXAMINER       | ART UNIT     | CLASS-SUBCLASS | 05/17/2007 HDEMESS2 00000013 503726 10692545 |                      |                  |            |
| HO, UYEN T     | 3731         | 606-079000     | 01 FC:1501 1400.00 DA                        |                      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Martin & Ferraro, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Warsaw Orthopedic, Inc.

(B) RESIDENCE: (CITY and STATE OR)

Warsaw, Indiana

Adjustment date: 05/17/2007 HDEMESS2

04/19/2006 TBESHAN2 00000003 503726 10692545

01 FC:1501

1400.00 CR

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Thomas H. Martin*

Date May 16, 2007

Typed or printed name

Thomas H. Martin

Registration No. 34,383

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